**Supplemental Materials**

**RewP Reliability**

The present study examined the RewP via area under the peak, which prohibits calculating the reliability using odd/even correlations or single trial data. Nonetheless, we still calculated split-half reliability using the traditional scoring window, in order to provide some estimate of reliability. Split-half reliability was examined by (1) calculating the average activity between 250-350 ms at electrode FCz for the ERP response to gain and loss, and (2) correlating the average activity between odd and even trials, corrected using the Spearman Brown prophecy formula [(Nunnally et al., 1967)](https://paperpile.com/c/qGvLsg/341p). In addition, the reliability of the ∆RewP difference scores (i.e., gain–loss, like–dislike) was estimated using an adjusted α formula ([Furr & Bacharach, 2013)](https://paperpile.com/c/qGvLsg/XrcG1). All psychometric analyses utilized all trials (30 gain and 30 loss trials) for the doors task. Split-half reliability was high for monetary ERP response to gain and loss (*r*’s = .92 and .94, respectively), and social like and dislike (*r*’s = .85 and .89, respectively). The monetary ∆RewP achieved acceptable internal consistency *r* = .60. The social ∆RewP did not reach acceptable internal consistency *r* = .30.

**Additional Psychopathology Information**

Table 1 presents the percent of adolescents and parents that had IDAS-II scores that were in the clinical range [(Nelson et al., 2018)](https://paperpile.com/c/qGvLsg/f2W6I). Table 2 presents adolescent and parent lifetime psychiatric diagnoses that were obtained from the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) and Structured Clinical Interview for DSM-IV (SCID), respectively.

**Table 1.** Participants with IDAS-II Subscale Scores in the Clinical Range

|  |  |  |
| --- | --- | --- |
| **Subscale** | **Adolescents**  *N* (%) | **Parents**  *N* (%) |
| Dysphoria | 6 (3.7) | 2 (1.2) |
| Lassitude | 7 (4.3) | 3 (1.8) |
| Insomnia | 3 (1.8) | 5 (3.1) |
| Suicidality | 3 (1.8) | 0 (0.0) |
| Appetite Loss | 12 (7.4) | 3 (1.8) |
| Appetite Gain | 8 (4.9) | 2 (1.2) |
| Well-Being | 0 (0.0) | 3 (1.8) |
| Ill-Temper | 9 (5.5) | 5 (3.1) |
| Mania | 9 (5.5) | 4 (2.5) |
| Euphoria | 5 (3.1) | 1 (0.6) |
| Panic | 1 (0.6) | 2 (1.2) |
| Social | 5 (3.1) | 3 (1.8) |
| Traumatic Intrusions | 5 (3.1) | 3 (1.8) |
| Traumatic Avoidance | 7 (4.3) | 0 (0.0) |
| Checking | 9 (5.5) | 0 (0.0) |
| Ordering | 9 (5.5) | 1 (0.6) |
| Cleaning | 4 (2.5) | 4 (2.5) |

***Note.***IDAS-II subscale scores were identified as being in the clinical range if their normed *T*-score was equal to or greater than 65 (94th percentile). National norms were obtained from Nelson et al. (2018).

**Table 2.** Lifetime Psychiatric Diagnoses for Adolescents and their Parents

|  |  |  |
| --- | --- | --- |
| **Diagnosis** | **Adolescents**  *N* (%) | **Parents**  *N (%)* |
| Depressive Disorder | 47 (28.8) | 44 (27.0) |
| Bipolar Disorder | 2 (1.2) | 2 (1.2) |
| Generalized Anxiety Disorder | 28 (17.2) | 22 (13.5) |
| Posttraumatic Stress Disorder | 6 (3.7) | 9 (5.5) |
| Panic Disorder/Agoraphobia | 12 (7.4) | 12 (7.4) |
| Simple Phobia | 38 (23.3) | 28 (17.2) |
| Social Phobia | 23 (14.1) | 16 (9.8) |
| Obsessive-Compulsive Disorder | 9 (5.5) | 2 (1.2) |
| Separation Anxiety Disorder | 7 (4.3) | --- |
| Eating Disorder | 4 (2.5) | 12 (7.4) |
| Alcohol Use Disorder | 5 (3.1) | 20 (12.3) |
| Substance Use Disorder | 7 (4.3) | 8 (4.9) |
| Attention-Deficit/Hyperactivity Disorder | 10 (6.1) | --- |
| Oppositional Defiant Disorder | 4 (2.5) | --- |
| Conduct Disorder | 1 (0.6) | --- |

**References**

[Furr, R. M., & Bacharach, V. R. (2013). *Psychometrics: An Introduction*. SAGE.](http://paperpile.com/b/qGvLsg/XrcG1)

[Nelson, G. H., O’Hara, M. W., & Watson, D. (2018). National norms for the expanded version of the inventory of depression and anxiety symptoms (IDAS-II). *Journal of Clinical Psychology*, *74*(6), 953–968.](http://paperpile.com/b/qGvLsg/f2W6I)

[Nunnally, J. C., Bernstein, I. H., & Berge, J. M. (1967).](http://paperpile.com/b/qGvLsg/341p) The Assessment of Reliability. In *Psychometric Theory* McGraw Hill.